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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Garretson Weekly		2. DATE 10-1-04
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 22.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 310 Garretson SD 57030		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 5034 Sioux Falls. SD 57117		
6. FULL NAME OF PUBLISHER: Arnold H. Garson		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Prairie Publications	PO Box 5034 57505-7117

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1025	1089
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	159	200
2. Mail Subscription (Paid and or requested)	744	732
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	903	932
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	54	75
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	957	1007
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	31	40
2. Return from News Agents	37	42
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1025	1089

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Minnehaha)

Sworn to before me this 5 day of Oct., 2004

Notary Public

My commission expires: 12/22/09

(Seal)

JACQUELINE ZIMMERMAN
NOTARY PUBLIC
SOUTH DAKOTA

Form: SOS REC 051 7/2004